

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPROVAL				
ļ	OMB Number:	3235-0076			
	Expires:	May 31, 2005			
	Estimated average	burden hours			
	per form:	16.00			

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					

				··	
Name of Offering: (check if this is an a	mendment and name ha	s changed, and indic	cate change.)		
Series A Preferred Stock					
Filing Under (Check box(es) that apply):					
Type of Filing. M New Filing 13 America		DACIC IDENTIFIC	CATION DATA		OECEIVED CO
	Α,	BASIC IDENTIFI	CATION DATA		_/5/
1. Enter the information requested about th	e issuer				// AUC 9 0 2007 >
Name of Issuer (check if this is an amer	ndment and name has cl	hanged, and indicate	change.)		700 2 0 200.
Sonicbids Corporation					
Address of Executive Offices		(Number and Str	eet, City, Zip Code)	Telephone Number (Including Area Col 5
500 Harrison Avenue, 4th Floor, Bo	ston, MA 02118			(617) 502-1300	
	(Na	umber and Street, Ci	ty, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		· · · · · · · · · · · · · · · · · · ·			
Online connection of musicians and	d promoters				PROCESSED
Type of Business Organization	<u> </u>				TIOOEGUE
	limited partnership	, already formed	othe	т (please specify):	CED 0 5 2007
☐ business trust	limited partnership	, to be formed			SEF 0 3 2001
		Month	Year		THOMSON
Actual or Estimated Date of Incorporation of	r Organization:	March 2	000	Actual 🗌 Estin	
Jurisdiction of Incorporation or Organization	n: (Enter two-letter	U.S. Postal Service	abbreviation for State	e;	
	CN for Canada;	FN for other foreign	jurisdiction)	DE	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of a partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner		☑ Director	General and/or Managing Partner					
Full Name (Last name first, if individual)										
Panay, Panos	Panay, Panos									
Business or Residence Addre	Business or Residence Address (Number and Street, City, State, Zip Code)									
500 Harrison Avenue, 4th Floor, Boston, MA 02118										
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Tyagi, Satish										
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)	1							
c/o Sonicbids Corporati	on, 500 Harris	on Avenue, 4 th Floor,	Boston, MA 02118							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Brown, Roger										
Business or Residence Addres										
c/o Sonicbids Corporati	on, 500 Harriso	on Avenue, 4 th Floor,	Boston, MA 02118							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Rose, Don										
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)	 -							
c/o Sonicbids Corporati	on, 500 Harriso	on Avenue, 4 th Floor,	Boston, MA 02118							
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Edison Venture Fund V	I, L.P.									
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)								
1009 Lenox Drive #4, L	awrenceville, l	NJ 08648								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Addres	s (Number and Str	ect, City, State, Zip Code)								
		-								
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

			,		B. IN	FORMAT	ION ABO	UT OFFER	ING	·.			
•									Yes		No		
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							•••••			\boxtimes		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	·												
									Yes		No —		
3.									\boxtimes				
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer requested with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Name (I	ast name f	irst, if indiv	ridual)									
Bus	iness or I	Residence A	Address (Nu	ımber and S	treet, City,	State, Zip (Code)					, , , , , , , , , , , , , , , , , , ,	
Nan	ne of Ass	ociated Bro	ker or Dea	ler									
State	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						, , , , , , , , , , , , , , , , , , , ,
([Check ".	All States"	or check in	dividual Sta	ites)							🗀 All S	itates
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١	(ir)	[N]	[IA] 📋	[KS] 🔲	[KY] □	[LA] 🗌	[ME] 🗌	{MD} □	[MA]	[MI] 🗌	[MN]□	(MS) □	[MO] □
	[MT] 🗌	[NE]	[NV] 🗌	[HN]	[נא]	[MM]	[ҮҮ] 🗌	[NC] □	[D]	[ОН] 🗌	[OK] 🔲	[OR] 🔲	[PA]
	[RI] 🔲	[SC]	[SD] 🔲	[NT]	[TX] 🗆	[UT]	[VT] 🗆	[VA] 🗌	[WA]	[WV]	[WI]	[WY]	[PR] 🗆
Full	Name (L	ast name fi	rst, if indiv	idual)									
Busi	iness or F	Residence A	ddress (Nu	mber and S	trect, City,	State, Zip (Code)						
Nam	ne of Ass	ociated Bro	ker or Deal	er	•								-
State	s in Whi	ich Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	[Check											🔲 All S	tates
[/	AL]	[AK] 🗌	[AZ] 🗌	[AR] 🗍	[CA]	[CO] 🗆	[CT]	[DE] 🔲	[DC] 🗌	[FL]	[GA] 🗌	[HI] 🗌	[ID] [
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Full	Name (L	ast name fi	rst, if indiv	idual)									
Busi	ness or R	tesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						·
Nam	e of Asso	ociated Bro	ker or Deal	er									-
State	s in Whi	ch Person I	isted Has S	Solicited or	Intends to S	Solicit Purcl	hasers	·····					
	[Check	"All States	" or check	individual S	States)	***************************************			•••••			□ All S	tates
[/	AL) 🗌	[AK] 🗍	[AZ] 🗌	[AR] □	[CA] 🗌	[CO] 🗌	[CT]	[DE] 🔲	[DC] 🗌	[FL]	[GA] 🗍	[НП]	[ID] 🔲
	L] 🗆	[[N]]	[IA] 🔲	(KS) 🗆	[KY] 🗌	[LA]	(ME) □	[MD]	[MA] 🗌	[MI] 🔲	[MN]	[MS] 🗌	[MO]
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(F	น) 🗆	[SC]	[SD] 🗆	[TN] 🗌	[TX] 🗌	נעדן 🗖	[VT]	[AV]	[WA]	[WV]□	[WI]	[WY]□	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 4,750,000	\$ 4,599,998
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$
	Other (Specify)	\$	\$
	Total		\$ 4,599,998
	Answer also in Appendix, Column 3, if filing under ULOE.		·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 4,599,998
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		S
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		
	Total		

	C. OFFERING PRICE	, number of investors, expenses and u	JSE OF PR	OCEEDS		
	and total expenses furnished in response	gate offering price given in response to Part C - Quest e to Part C - Question 4.a. This difference is the "adj	justed		s 4	,714,000
5.	each of the purposes shown. If the amount for	ross proceeds to the issuer used or proposed to be used or any purpose is not known, furnish an estimate and otal of the payments listed must equal the adjusted Part C - Question 4.b above.	check			
				Payments to Officers, Directors, & Affiliates	_	Payments to Others
	Salaries and fees			\$		S
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of	f machinery and equipment		\$		\$
	Construction or leasing of plant buildings ar	nd facilities		\$		\$
	Acquisition of other businesses (including t used in exchange for the assets or securities	he value of securities involved in this offering that m of another issuer pursuant to a merger)	ay be	s		s
	Repayment of indebtedness			\$		\$
	Working capital		🗆	\$	X	\$4,714,000
	Other (specify):			\$		\$
				\$		\$
				\$		\$
	Column Totals			\$	X	\$4,714,000
	Total Payments Listed (column totals added)		🔀 \$ 4	,714	,000
		D. FEDERAL SIGNATURE				
sig	nature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this r to furnish to the U.S. Securities and Exchange Concredited investor pursuant to paragraph (b)(2) of Rule	nmission, up	led under Rule on written requ	505, the	he following its staff, the
	uer (Print or Type) nicbids Corporation		Date Nugust 21, 2	007		
	me of Signer (Print or Type) nos Panay	Title of Signer (Print of Type) President				

ATTENTION

Intentional misstatement or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

